AMHI CONSENT DECREE
History, Requirements & Related Topics

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AMHI Consent Decree

- This presentation is an overview of the AMHI Consent Decree: its history, principles and other components. There will be a review of some of the Consent Decree requirements around Treatment Plans, releases of information, as well as offering some information around Crisis Plans, Mental Health Advanced Directives and the tracking of Unmet Resource Needs. Information will also be provided pertaining to the class member chart reviews that SAMHS Quality Management conducts at agencies, as well as the protocol for requesting termination of services for class members. Links to provider forms and DHHS contacts will be provided.

Consent Decree History

- The Augusta Mental Health Institute (AMHI) opened in 1840 and at that time it was called the Maine Insane Asylum and it housed 133 patients. By 1960, the facility held over 1700 patients, but deinstitutionalization was underway. Boarding and foster homes were constructed to move people into the community. As deinstitutionalization progressed, the daily census dropped from 1500 to 350 over a five year period.

Consent Decree History

- In the summer of 1989, overcrowding, poor conditions at the facility as well as shortcomings in the community mental health system contributed to the deaths of ten patients. A class action lawsuit was then filed on behalf of the residents of the hospital by Maine Advocacy Services (which is now the Maine Disability Rights Center), and this resulted in what is now called the AMHI Consent Decree.

Class Action Lawsuit

- The Consent Decree lawsuit was filed in February, 1989; class certified in June, 1989
- Allegations (not a complete list): Violations of rights included:
  - Adequate sanitation
  - Ventilation and light
  - Protection against physical and psychological abuse
  - Adequate professional medical care and treatment
  - Individualized treatment and service plans
  - Adequate community support services system and programs following discharge
  - Timely discharge when conditions justifying hospitalization no longer exist

Who Is a Class Member?

- The Consent Decree is a legally binding agreement between the plaintiffs (specific residents at AMHI whose circumstances were cited as the cause of the complaints), and the defendants (at that time the Commissioner of the Department of Mental Health, the Superintendent at AMHI and the Commissioner of the Maine Department of Human Services), which spelled out what corrections would be made.
- A "Class Member" of the Consent Decree is defined as "all persons who, on or after January 1, 1988, were patients at the Augusta Mental Health Institute (AMHI) and all persons who will be admitted to AMHI (now Riverview Psychiatric Center) in the future, subject to the limitations set forth in the Consent Decree". If someone is admitted to Riverview today, that person will be a class member.

History (continued)

- The Consent Decree agreement is overseen by a court appointed Court Master, who monitors implementation and who makes recommendations to ensure compliance with the Consent Decree. The first Court Master was Gerald Rodman, and the current Court Master is former Chief Justice Daniel Wathen.
- March 1996: DMHMRSAS held in contempt for not complying with obligations under the Consent Decree. Contempt order lifted in Fall, 1996, after the Department submitted required Implementation Plan.
- Establishment of 8 Consent Decree Coordinators. First charge was to locate and assess all class members.

Principles

- The basic principles of the Decree require the defendants to "develop and maintain a comprehensive mental health system to meet the actual, individualized needs of all class members" and must operate with the following principles:
  - Respect for individuality
  - Recognition of individualized needs; requirements for flexible models of service
  - All services within the comprehensive Mental Health system oriented to supporting class members to live in the community and avoid hospitalization
  - Right to receive treatment in the least restrictive setting
  - Non-class members shall not be deprived of services solely because they are not members of the plaintiff class

Other Components

The Consent Decree has 303 paragraphs, each which describe a standard that must be met to assure quality treatment within the hospital and the community. Paragraphs 49 – 74 describe the community system of care, including the requirements to develop Individualized Support Plans and it sets guidelines for how services should be delivered by community providers.

Requirements

Some of those requirements include:

- Agencies must assign a worker within 2 days to class members who are hospitalized at the time of application
- Assign within 3 days to class members who are not hospitalized or in the community at the time of application
- Assign within 7 days for non-class members
- Note: This means that a worker must be assigned to the consumer in those timeframes, and a contact name of that person and a phone number must be provided to the consumer.

Rights of Recipients of Mental Health Services

The Consent Decree also speaks to the Rights of Recipients of Mental Health Services, incorporating rules governing grievances and complaints, and all other terms of the Agreement. Some of the themes and requirements are:

- Mental Health consumers have the same human, civil and legal rights as all citizens.
- All consumers should be offered the Rights of Recipients of Mental Health Services.
- There must be documentation in the consumer's chart that Rights were provided.
- Copies of Rights of Recipients can be obtained by contacting the Information and Resource Center at SAMHS, 287-8900 or 1-800-499-0027. For more information regarding Rights of Recipients of Mental Health Services, SAMHS also provides a Powerpoint presentation that can be utilized for training purposes. Directions to this link will be provided at the end of this presentation.

Treatment Plans/Individualized Support Plans (ISPs)

The following are Consent Decree requirements pertaining to the development of Individualized Support Plans (ISPs):

- ISPs must be completed within 30 days of application for Community Integration (CI)/Assertive Community Treatment (ACT)/Community Rehabilitation Services (CRS)/Behavioral Health Home Organizations (BHHO) services.
- ISP reviews must be completed every 90 days or earlier if there are changes/additions.
- Consumers should be offered a written copy of their ISP within one week of development. If he/she declines a copy, this should be documented in their record.

Treatment Plan/ISP Goal Domain Areas

Agencies can use their own Treatment Plans, but must include all of the following domain areas. This slide is taken from an actual ISP which describes the array of services that should be available in the community service system. These goal areas must be assessed every 90 days on the ISPs.

Goal Areas	Status/Date	Unmet needs/ Why? (Unmet needs must be addressed with an Interim goal/action steps.)	Date unmet needs met/How?
1. Housing			
2. Financial			
3. Education			
4. Social/Recreation/Peer Support			
A. Family			
B. Cultural/Gender			
C. Recreational/Social			
D. Peer Support			
5. Transportation			
6. Health Care			
A. Dental			
B. Eye Care			
C. Hearing Health			
D. Medical			
7. Vocational			
8. Legal			
9. Living Skills			
10. Substance Abuse			
11. Mental Health			
A. Trauma			
B. Emotional/Psychological			
C. Psychiatric/Medications			
D. Crisis			
12. Spiritual			
13. Outreach			
14. Other (specify)			

Treatment Plan/ISP Goals

- The goals on the Treatment Plan, or ISP, must be consumer-driven with corresponding action steps.
- There must be a date identified when the goal was established, with a target date for completion.
- Resources must also be identified to meet those goals, and if those resources are from another provider who is licensed or contracted by DHHS, a Service Agreement must be obtained (discussed later in this presentation).
- Signatures should be obtained on the Treatment Plans, including guardian's signature if the class member has one.
- For consumers who are difficult to engage, an ISP with an Outreach goal can be developed.

Treatment Plan/ISP Strengths & Barriers

Another area that needs to be addressed on the ISP is the consumer's strengths and barriers to goal achievement. Both personal and resource strengths and barriers should be identified.

Examples of Strengths:

- Strong family relationship
- Has transportation
- Motivated

One thing that should be mentioned is that having a case manager should not be identified as a strength; it is expected that the case manager will assist to help the consumer utilize their own strengths to achieve goals.

Examples of Barriers:

- Lack of Transportation
- Has difficulty interacting with others
- Has multiple medical issues

Releases of Information

- Releases of information should be obtained for continuity of care and best practice
- Releases are good for up to one year
- Releases need to be reviewed every 90 days and must be documented
- Primary Care Physician release should be obtained if consumer has one
- If consumer refuses to sign releases, it should be documented

Service Agreements

- Treatment Plans or Service Agreements are required when a class member is receiving services from another agency that is licensed or funded by DHHS SAMHS, i.e. Daily Living Support Services, Outpatient Therapy, Medication Management and Residential Services
- It is preferable to obtain a Treatment Plan for continuity of care; however a Service Agreement can also be obtained.
- A Release of Information should also accompany either the Treatment Plan or the Service Agreement.
- It is also important to remember that SAMHS Quality Management conducts chart reviews at agencies providing services to class members and it is an automatic Plan of Correction if the secondary Service Plan or the Service Agreement is not obtained.

Service Agreement Form

- On the following slide is a copy of the Service Agreement form. It states that the provider, such as Daily Living Supports, Medication Management, Residential placement or Outpatient Therapy agrees to provide services as related to the class member's ISP.
- It also speaks to the process of terminating that service for a class member, which will be explained later in this presentation.
- This form is initiated by the primary case manager for sign off by the provider, and it is placed in the consumer's chart with their ISP.

Service Agreement Form

SERVICE AGREEMENT FORM

To be completed by all agencies licensed, funded and/or contracted with/by DHHS to provide services.

The Provider _____ , agrees to provide the following services:
Contracting Agency

Relate services to ISP goal – include frequency and duration: _____

_____

_____

_____

_____

as defined in the ISP dated _____ to _____
Consumer

This service is being offered in support of needs identified by the consumer as part of his/her Individualized Support Plan. Provision of these services is subject to the following requirements:

* *Items 1, 2, & 3 apply only to consumers/clients who are members of the AMHI Consent Decree*

1. Prior written approval is received from a Consent Decree Coordinator before terminating or interrupting this service via use of the DHHS Termination/Interruption form.*
2. Upon receiving written approval for interrupting or discontinuing the service, the provider will send 30 days written notice to the consumer including the right to grieve the decision. The community support worker and, if applicable, the guardian will also receive notification. *
3. If it is determined that the consumer poses a threat of imminent harm to persons employed or served by the provider, then the provider will give notice which is reasonable under the circumstances.*
4. If applicable, the provider will give other notice as required by law or regulation.
5. The provider will help the community service worker and consumer find alternate resources if appropriate.
6. The provider will assist DHHS with the collection of all necessary data.
7. Chart records will meet all applicable requirements of contracts, law, regulations and pertinent professional standards.
8. Should the consumer choose to discontinue the above service(s) and transfer to another provider before the end of the service agreement, the provider is responsible for helping the consumer transition. This will include providing copies of the current treatment plan (with the consumer's consent) to the new provider.

Signatures:

_____	_____	_____
Consumer/Guardian/Date (Optional)	Provider Representative/Date	CSW/Date
	_____	_____
	Agency	Agency

Date consumer or guardian provided with copy _____

Revised 1/9/07

Crisis Plans

- A Crisis Plan is intended to be an informative and helpful planning tool for consumers and providers to aid in the early detection and intervention when in crisis.
- Crisis Plans should always be offered to consumers during ISP planning. It is not a requirement to have one, but consumers should be encouraged to develop one, especially those who are in a higher level of care such as an ACT Team.
- Crisis Plans should be shared with Crisis Services.
- On the ISP, if there is no Crisis Plan, there should be documentation why not.
- Crisis Plans should be reviewed every 90 days during ISP reviews, and that review of the Crisis Plan should also be documented. They should also be reviewed subsequent to and after a psychiatric crisis.

Sample Crisis Plan

This is an example of a Crisis Plan. Agencies can utilize their own forms. This form includes indicators of early warning signs, signs of progression and when in crisis, as well as what actions would be helpful or not helpful; and who to involve and not to involve when the consumer is in crisis.

INDIVIDUAL SUPPORT PLAN / CRISIS PLAN Agency #: _____

Person Receiving Services: _____ Case Manager: _____ Lead Agency: _____
Funding Source: _____ Funding Source Number: _____
What I want my life to be like: _____

A crisis plan is intended to be an informative and helpful planning tool for consumers and providers, to aid in the early detection and intervention in a crisis.

	Indicators	What actions are helpful (List in order of preference)	What actions are not helpful (What hurts)	Who to involve	Who not to involve
Early Warning Signs					
Signs of Progression					
When in Crisis					

Use reverse side of sheet to provide a brief narrative of relevant history of individual and/or family's successes and challenges in dealing with risk to self/others, substance abuse, legal issues, medical conditions, or other areas of concern.

Crisis plans guide actions, but cannot predict every circumstance or guarantee resource availability.

Mental Health Advance Directives

- A Mental Health Advanced Directive is a legal document that individuals can create to specify in advance their preferred course of treatment if they should experience a mental health crisis.
- It must be offered once a year as part of treatment planning. It needs to be documented that one was offered, and if the consumer doesn't want one, that should also be documented in the consumer's chart.
- A Medical Advance Directive is not a Mental Health Advance Directive; however there can be a combined Advance Directive.
- Disability Rights Center offers training and a sample **form.** **Contact information: 626-2774; www.drcme.org**

Treatment Plan/ISP Resource Data Summary (RDS)

- The purpose of the Resource Data Summary or RDS is to track the extent to which the Mental Health system is meeting the needs of a person with an ISP.
- It develops a process for the worker and DHHS to track the unmet resource needs related to the goals identified on the consumer's ISP.
- It is important to understand that the definition of an "Unmet Need" in this case is an unavailable resource in the community.
- It is also important to understand that by documenting the unmet resource need, SAMHS can use this information to request financial assistance for resource development from the Legislature.

Resource Data Summary (RDS)

- The RDS is submitted electronically to the Department through APS Healthcare.
- The CI/ACT/CRS/BHHO worker completes the RDS, and it is completed for both class and non-class members.
- It is filled out at the Initial ISP, each 90-day review and annual ISP, as well as when the consumer has left the agency.

Resource Data Summary (RDS)

- Once an unmet need is documented on the RDS, if that need becomes met or it is no longer an unmet need for any reason, the worker needs to go into the RDS at the next review to check off the box “no longer an unmet need” or “unmet need met.” Otherwise the number of days as unmet will continue to grow on the agency’s APS report to the Department.
- This is important for accurate agency reporting as well as for resource development.

Resource Data Summary (RDS)

- DHHS has updated the RDS instructions with examples where to best categorize unmet needs and they are on the APS web page:

  http://www.qualitycareforme.com/MaineProviders.htm

- All of the links and contacts will also be listed at the end of this presentation.

Class Member Record Reviews

- Class Member chart reviews are performed by SAMHS Field Quality Management. These are done on a quarterly basis by county, and each provider agency will have a review once a year. These reviews are completed by Linda Santeramo and Mary Hendricks, covering the state agencies equally.
- At the completion of each site review, each provider agency will receive a summary of findings. This may include a Plan of Correction with a date that corrections should be completed.
- The summary of these reviews are shared at Contract Review meetings. If there are significant issues, findings will be shared with SAMHS Field Service Managers prior to contract review meetings.

Request to Terminate Services for Class Members

- **Agencies licensed or funded by the State who are providing services to Class Members must notify SAMHS' Field Quality Managers when they are considering discontinuation of services to a class member and must seek permission to do so.**
- This form is only completed for Class Members.
- It must be submitted to SAMHS Field Quality Managers, who will follow up with the Class Member or their guardian prior to signing off.
- Forms should be faxed to:
  - Region I – Cumberland and York counties to Linda Santeramo, fax 822-2168
  - Regions II and III – all other counties to Mary Hendricks, fax 287-9152
- Field Quality Managers will follow up with the Class Member or their guardian prior to signing off.
- If a service is going to be put "on hold," this form still needs to submitted for approval.

Termination of Services (continued)

- The terminating agency must send a 30-day letter to the Class Member after the case manager receives the signed off termination request form.
- The agency cannot terminate services until the 30-day period has expired.
- Occasionally there are situations when the Field Quality Manager will waive the 30-day period, i.e. when the Class Member has been picked up for services at another agency.

Termination of Services Form

- The following slide is a copy of a Termination of Services form. It is three pages, and it needs to be completed as fully as possible.
- It is important to give clear details regarding the request to terminate the service, as well as writing legibly so SAMHS Quality Managers can expedite the process.
- There will be a link at the end of this presentation to access the form.

Termination of Services Form

Department of Health and Human Services
Office of Adult Mental Health Services
AGENCY REQUEST TO TERMINATE OR INTERRUPT SERVICES FORM

Date_____

Consumer Information
Name_____ Guardian's Name_____
SSN _____

Address_____ Address_____
_____ _____
_____ _____

Phone # (Consumer's) _____ Phone# _____
(Message) _____

Services to Be Terminated ____ **Interrupted** ____ **(check all that apply)**

- ☐ Community Integration
- ☐ Intensive Community Integration
- ☐ Intensive Case Management
- ☐ ACT
- ☐ Medication Management
- ☐ Outpatient Therapy
- ☐ Supported Housing/Residential/PNMI
- ☐ Daily Living Support Services
- ☐ Skills Development Services
- ☐ Day Supports Services
- ☐ Vocational Services
- ☐ Other _____

Agency Information
Agency Name _____ Phone #_____
Address _____
_____
_____

Please List Name of Worker and Service(s) to be Terminated/Interrupted
Worker's Name _____ Service _____ Phone#_____
Supervisor's Name _____ Title _____ Phone #_____

Worker's Name _____ Service _____ Phone#_____
Supervisor's Name _____ Title _____ Phone#_____

Worker's Name _____ Service _____ Phone#_____
Supervisor's Name _____ Title _____ Phone #_____

Please State Reason(s) for Request to Terminate/Interrupt Services (please explain)
☐ Goals have been met _____
_____
☐ Consumer requesting termination _____
_____

☐ Consumer relocated _____
_____
☐ Consumer transferred to another agency _____
_____
☐ Consumer not engaging in services _____
_____
☐ Incarcerated for indefinite period _____
_____
☐ Consumer poses a threat to worker/agency _____
_____
☐ Consumer in residential facility/needs met _____
_____
☐ Other _____
_____

Is the consumer aware of the request to Terminate/Interrupt Services? Yes ___ No ___
Is Consumer is in Agreement? Yes_____ No_____ (please explain)
_____
_____
_____
_____
_____

Agency consumer was referred to for CSW services: _____
New CSW name and date he/she is to begin services: _____
Other agencies/services consumer was referred to: _____
_____
List other providers notified of your intent to terminate services: _____
_____
_____

Person Completing Form_____
Signature/Title
DHHS/OAMHS Response, Request (check all that apply):
☐ Approved
- ☐ consumer concurs ☐ guardian concurs
- ☐ consumer did not respond to letters/phone calls by date given by CDC
- ☐ consumer responded to letters/phone calls and is asking for a new worker
- ☐ followed up and confirmed with new agency that client has been picked up
- ☐ other, please specify _____
_____

☐ Denied
- ☐ consumer disagrees with request ☐ Denied/guardian disagrees with Request
- ☐ consumer responded to letters/phone calls and is asking for a new worker
- ☐ followed up and confirmed with new agency that client has not been picked up

- ☐ though consumer no-showing/cancelling appointments, wants to stay with the agency
- ☐ consumer is incarcerated but not for an extended period
- ☐ other, please specify _____
_____

Information informing decision to approve or deny request: _____
_____
_____
_____
_____
_____
_____
_____
_____

_____ **Date**_____
CDC or Mental Health Team Leader Signature

Consumer Must Be Given a Thirty Day Written Notice and
Copy of Written Notice Must Be Sent to the CDC Office

Critical Incidents

- All licensed or contracted agencies are required to report Critical Incidents to the Office of Substance Abuse and Mental Health Services.
- They inform SAMHS of major incidents concerning consumers that could become public as well as helping SAMHS staff assess what is happening with consumers.
- Critical Incidents must be submitted according to the instructions at the top of the form and within the expected timeframe.

Critical Incidents (continued)

- Forms can be obtained on the SAMHS web page by following the instructions on the “Forms” slide at the end of this presentation.
- A call should be made when a Critical Incident may be a high profile situation or will be on the news, radio or other media.
- Calls of that nature during the day should be made to Cecilia Leland at SAMHS: 287-9165 or 592-9868.
- After work hours, weekends and holidays, calls should be made to the Nurse on Duty at Riverview: 624-3900.
- For more information regarding Critical Incidents, SAMHS provides a Powerpoint presentation that can be utilized for training purposes. Directions to this link will be provided at the end of this presentation.

Memorandum of Understanding

- Agencies need to have MOUs with every Crisis Provider who provides services in their areas.

Use of Crisis Services

- Caseworkers should attempt to resolve the crisis during daytime hours if possible.
- Should Crisis be called in, the person should be seen at the consumer's home as long as safety can be maintained until Crisis arrives.

Grievances

- A consumer or their guardian may file a formal grievance. There are 3 levels of the Grievance procedure:
  - **Level I** is within the program/agency.
  - If the grievance cannot be resolved at the agency level, a **Level II** grievance may be filed with the State by contacting Don Beckwith: 557-5234.
  - If the consumer/guardian remains dissatisfied with the Level II findings, an appeal can be made to the Commissioner of DHHS (**Level III**).

Grievances (continued)

- Forms can be obtained on the SAMHS web page by following the instructions on the “Forms” slide at the end of this presentation.
- Once completed, Level II grievances should be submitted to:

  Carlton Lewis

  DHHS/SAMHS

  41 Anthony Ave., SHS #11

  Augusta, ME 04333
- For additional information, SAMHS provides a Powerpoint presentation on Rights of Recipients of Mental Health Services that includes Grievances. The link will be provided at the end of this presentation.

Residential Services
Private Non-Medical Institutions (Formerly PNMI)

"PNMI" stands for Private Non-Medical Institutions. This is a category of residential treatment facilities. Changes to the reimbursement policies for PNMIs are being considered as budget proposals and as adjustments required by the Federal government. The Department is exploring with providers and consumers all options related to the restructure of the PNMI model.

DHHS Priority Placements for adult mental health consumers are for those who are being discharged from the following settings:

- Riverview Psychiatric Center; Dorothea Dix Psychiatric Center
- Community Psychiatric Hospitals; Children aging out of Residential Services
- Jails; homeless
- All other consumers who meet Residential level of care

Residential Services (continued)

- Questions regarding Residential Services should contact:

  Kathy Lavallee: 287-2707

  Claire Lord: 287-6626

APS Healthcare Reports

- APS Healthcare is a health care company that works with agencies and organizations to improve both mental health and medical healthcare services.
- Data from APS Healthcare reports are used in the Consent Decree Quarterly Reports.
- This data is also used in discussion with the Court Master.
- Some APS reports can be found on SAMHS' website: http://www.maine.gov/dhhs/samhs/data.shtml
- It is important that agencies are submitting information correctly into APS for accurate reporting.

APS Healthcare Reports (continued)

- Some APS reports are sent to provider agencies for updates and corrections. SAMHS is asking that agencies review reports and act on them.
- SAMHS Field Service Specialists follow up on reports that are sent to agencies such as wait lists for services.

Contract Performance Measures

- Performance Measures have been incorporated into contracts for CI, ACT, CRS and BHHO services.
- The expectation is that other services will have Performance Measures in future contracts.

Recovery

- DHHS SAMHS encourages provider agencies to adopt the recovery model.
- What is Recovery? It's a process that takes place over time and regains or restores health. Recovery involves changing thinking and attitudes. It means action. It promotes emotional and spiritual growth. It begins with self-acceptance and self-change- mentally, emotionally, and spiritually.
- The philosophy and themes of the Recovery model includes consumer input, informing/changing the culture, and striving towards independence.

Recovery

The Recovery Team includes:

- Matthew Wells (Recovery Services Manager)
- Linda MacDonald and Suzanne Boras (Community Inclusion)
- Kelly Staples (Recovery Training Coordinator)
- Katharine Storer (Recovery Practices Coordinator)
- Leticia Huttman (Director of Education and Training)

Contact information is provided at the end of this presentation.

Forms

- www.maine.gov
  - Click on: **State Agencies**
  - Click on: **G-H**
  - Click on: **Health & Human Service, Department of (DHHS)**
  - On left side click on: **Forms**
  - Scroll down to: **Provider Forms** then down to **Mental Health Forms**

- or you can go to: http://www.maine.gov/dhhs/forms.shtml
  - Case Management Treatment Plan Review Directions
  - Case Management Treatment Plan Review Form
  - Critical Incident Form Directions
  - Critical Incident Form
  - Request to Terminate or Interrupt Services Form
  - Service Agreement Form

SAMHS Powerpoint Presentations

- Go to www.maine.gov
- Click on **Agencies**
- Click on **G-H**
- Click on **Health & Human Services, Department of (DHHS)**
- Click on **Adults**
- Click on **Mental Health**
- Click on **Adult Mental Health Services**
- Click on **Adult Mental Health System** (on left side)
- All Powerpoints under **"Presentations"**

Contact Information
SAMHS Quality Management

SAMHS Field Quality Managers
Region I – Cumberland and York counties
Linda Santeramo: fax 822-2168
Regions II and III – all other counties
Mary Hendricks: fax 287-9152)

SAMHS Information and Resource Center (IRC)
287-8900 or 1-800-499-0027

Disability Rights Center
626-2774

SAMHS Critical Incidents
Cecilia Leland: 287-9165 or 592-9868

Riverview
Nurse on Duty: 624-3900

Level II Grievance Contact
Don Beckwith: 557-5234

Level II Grievance Submissions
Carlton Lewis
DHHS/SAMHS
41 Anthony Ave., SHS #11
Augusta, ME 04333

PNMI
Kathy Lavallee: 287-2707
Claire Lord: 287-6626

Recovery Team
Recovery Services Manager
Matthew Wells: Matthew.E.Wells@maine.gov
Community Inclusion
Linda MacDonald: 287-9162
Suzanne Boras: 795-4518
Recovery Training Coordinator
Kelly Staples: 215-5389
Recovery Practices Coordinator
Katharine Storer: 299-7032
Director of Education and Training
Leticia Huttman: 287-4253

Website URLs
Disability Rights Center
www.drcme.org
RDS Instructions
http://www.qualitycareforme.com/MaineProviders.htm
APS Reports
http://www.maine.gov/dhhs/samhs/data.shtml
Forms
http://www.maine.gov/dhhs/forms.shtml